

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-016644**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **383**

Primary Registration District No. **5655**

Registrar's No. **253**

STATE FILE NUMBER

**FILED MAY 1 1963**

|  |                               |  |                                |
|--|-------------------------------|--|--------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lawrence</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>      |                                |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Mt. Vernon</b>   |                               | c. CITY OR TOWN <b>Joplin</b>  |                                |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Missouri State Sanatorium</b>  |                               | d. STREET ADDRESS (If outside, give location)<br><b>1208 Connor</b>  |                                |
| 3. NAME OF DECEASED<br>(Type or print) First <b>Barry</b> Middle <b>Walter</b> Last <b>Vantrease</b>   |                               | 4. DATE OF DEATH Month <b>April</b> Day <b>19</b> Year <b>1963</b>   |                                |
| 5. SEX <b>male</b>   | 6. COLOR OR RACE <b>white</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH <b>4-3-09</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>miner</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Mining</b>   |                                |
| 11. BIRTHPLACE (City and state or country)<br><b>Andarko, OKLa.</b>  |                               | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |                                |
| 13a. FATHER'S NAME<br><b>Wm Henry Vantrease</b>  |                               | 13b. MOTHER'S MARDEN NAME<br><b>Anna C. Hilborn</b>  |                                |
| 14. NAME OF HUSBAND OR WIFE<br><b>unknown - Divorced</b>   |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>5 Missouri State Sanatorium</b> |                                |
| 16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b><br>DUE TO (b) <b>Cor Pulmonale</b><br>DUE TO (c) <b>Severe Pulmonary Emphysema</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Secondary Polycythemia, Silicosis</b> |                               | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 weeks</b><br><b>More than 2 years</b><br><b>More than 4 years</b>                                     |                                |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                               | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                                      |                                |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                               | 20c. TIME OF INJURY Hour <b>6:10</b> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>   |                                |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                               | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                |
| 20f. CITY, TOWN, OR LOCATION   |                               | COUNTY   |                                |
| 20g. STATE   |                               | 21. I attended the deceased from <b>4-19-63</b> to <b>4-19-63</b> and last saw him alive on <b>4-19-63</b>                                     |                                |
| 21. Death occurred at <b>6:10</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |                               | 22a. SIGNATURE (Degree or title) <b>J. Lewis Zales, M.D.</b>   |                                |
| 22b. ADDRESS <b>Missouri State San Mt. Vernon, Mo.</b>   |                               | 22c. DATE SIGNED <b>4-19-63</b>  |                                |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |                               | 23b. DATE <b>4-23-1963</b>   |                                |
| 23c. NAME OF CEMETERY OR CREMATORY <b>Osborne Memorial Park</b>  |                               | 23d. LOCATION (City, town, or county) <b>Joplin Mo.</b>  |                                |
| 24. FUNERAL DIRECTOR <b>Thandill-Dillon - Joplin, Mo</b>   |                               | 25. DATE RECD. BY LOCAL REG. <b>4-26-63</b>  |                                |
| 26. REGISTRAR'S SIGNATURE <b>Ray Dunham</b>  |                               |  |                                |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

DATE AMENDED

ITEM NO.

1 **0550**

2 **0490**

3

4 **0**

5 **3**

6

7 **1**

8 **1**

9 **527.1**

10

11

12 **93-0**

13 **5-0**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*William B. Centur*

Licensed Embalmer No. *4820*

P. O. Address

*Republian, Tex*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

0220  
10940

0-EP  
0-2